



Smithfield Animal Hospital

Owner _____ Pet _____ Age _____ Today's Date _____

Dear Pet Owner,

The following questions are to help us better understand your pet's medical history. Please answer as accurately as you can. Thank you for helping us care for your pets.

Has your pet shown any of the following signs or symptoms. Circle Y for yes and N for no.					
Unusual body odor	Y	N	Head Shaking or ear odor	Y	N
Coughing, sneezing	Y	N	Itching/scratching	Y	N
Gagging or choking	Y	N	Poor coat or hair loss	Y	N
Vomiting or diarrhea	Y	N	Tremors or seizures	Y	N
Sensitivity when chewing	Y	N	Unusual discharge	Y	N
food falling out of mouth	Y	N	Skin problems	Y	N
Red Gums/Bad Breath	Y	N	Lumps or bumps	Y	N
Excessive drooling	Y	N	Scotting rear end	Y	N

Have you seen significant changes in the following(please explain any changes):					
Bowel movements	Y	N	Increase in drinking	Y	N
Change in behavior	Y	N	Frequency/amount of urine	Y	N
Weight gain or loss	Y	N	Difficulty hearing	Y	N
Change in appetite	Y	N	Training/behavior problems	Y	N

Has your pet shown any of the following signs of pain?					
Lameness in limbs	Left	Right	Front	Rear	
Stiffness when getting up			Y	N	Listlessness/weakness
Hiding in unusual places			Y	N	Crying or whimpering
Excessive panting			Y	N	Uncontrollable shaking

What brand of food is your pet currently eating? _____ Canned/Dry/Both Treats? _____

How often is your pet fed? _____ How much does your pet eat per meal? _____

Does your pet get table food?(*be honest*) Never/Rarely/Once or Twice a week/All the Time.

What foods? _____

Do you give your pet any over-the-counter or home herbal remedies? Yes: _____ No

Does your pet frequently board, visit a groomer/Day Care, or socialize with other pets? Yes/No

Does your pet go outside? Yes/No

Is your pet exposed to ticks/wildlife/where wildlife have been? Yes/No

How often? _____